



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

DEATH REVIEWS

Effective Date: August 22, 2006

Policy #: QI-01

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- I. **PURPOSE:** To review the cause of death by completing an objective review of the circumstances of the death.
- II. **POLICY:** A death review will be completed for the death of any patient from any cause which occurs during hospitalization, while on authorized or unauthorized leave, or when known to have occurred within 30 days following discharge.

The death review described in this policy should not be confused with the **review of a sentinel event**, as addressed in a separate policy. A sentinel event is defined as a significant occurrence that may indicate a serious problem exists in hospital operations. The death of a patient does not necessarily mean that a sentinel event has occurred.

- III. **DEFINITIONS:** None

- IV. **RESPONSIBILITIES:**

- A. Medical Director will assign a physician to conduct a death review within two weeks of the death. Whenever possible, the assigned physician should have had minimal or no contact with the patient to ensure objectivity of the review.
- B. Physician assigned to conduct the death review will seek to determine the cause of death by examining the events of the patient's hospitalization, events leading up to the death, the circumstances of the death, and the death itself. If it is determined that the death may have been avoidable, the reviewer will critique the care provided and make recommendations for changes in procedures to reduce or eliminate the likelihood of the same or similar event occurring in the future. Results of the review and recommendations will be included in the Hospital's Quality Improvement process.
- C. Medical Staff will review all death reviews during one of its regular meetings and within one month of the completion of the review. Feedback and suggestions may be given to the reviewer during this process.
- D. President of the Medical Staff will sign the review as accepted by the Medical Staff.
- E. Medical Director will review and sign all accepted death reviews, then send to the Hospital Administrator.
- F. Hospital Administrator will review and sign all accepted death reviews.

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_____/_____/_____
Thomas Gray, MD Date
Medical Director

Attachment A
Format for the Death Review

I. IDENTIFYING INFORMATION:

| | | |
|-------------------|----------------------|------------------------------|
| Name | Hospital Number | |
| Date of Admission | Date of Birth | Date of Death |
| Commitment Status | County of Commitment | Leave Status (if applicable) |

II. HISTORY OF PRESENT ILLNESS:

- 1) describes the immediate events leading to the patient's admission
- 2) describes the abnormal physical findings and the mental status at the time of admission
- 3) list the admission diagnoses using the Multiaxial Assessment system

III. PAST MEDICAL AND PSYCHIATRIC HISTORY:

This includes the relevant past medical and psychiatric history that precedes the events leading to the patient's admission.

IV. HOSPITAL COURSE:

- 1) Medical - a brief summary of medical events, to include the terminal event and cause of death if patient died at MSH.
- 2) Psychiatric - this is the psychological autopsy which examines the death from the point of view of the psychiatric diagnosis, the psychological treatment provided and the psychological implications of this and similar cases.
- 3) List the discharge or terminal diagnoses using the Multiaxial Assessment system.

V. DISCHARGE PLAN:

This is a copy of the discharge plan (can only be included if the patient died outside of MSH).

VI. CIRCUMSTANCES OF DEATH:

This includes a summary of the terminal events and the cause of death as can best be determined from information gathered from the receiving facility and any other available source (i.e., autopsy report). This assumes patient died outside of MSH.

VII. CONCLUSION AND RECOMMENDATIONS:

This section includes the questions that arise in the reviewer's mind and his(her) recommendations. These should be relevant to the; 1) care and/or outcome of the specific patient and 2) recommendations for process improvement.

VIII. SIGNATURES:

Physician preparing the report
Medical Staff President
Medical Director
Hospital Administrator